**MEMORANDUM OF UNDERSTANDING**

**AFFILIATION FOR PRECEPTORSHIP EDUCATION**

WHEREAS, the Board of Trustees of the University of Alabama for The University of Alabama at Birmingham (hereinafter referred to as “University”) and

(hereinafter referred to as “Agency”) desires to set out in writing the terms and respective responsibilities of the two institutions for the clinical education of students in the **,** (hereinafter referred to as “School/Dept.”WHEREAS, the University and Agency agree as follows:

**A**. **UNIVERSITY AGREES:**

1. To offer an approved program of study for students in the University’s School/Dept,

which is in accordance with accepted standards for national nurse accreditation.

1. That the UAB School/Dept faculty shall be responsible for planning preceptorships

for the School/Dept students with the Agency personnel in accordance with the needs of the individual student.

3. To provide written guidelines for the preceptorship experience.

4. That the UAB School/Dept faculty will attend conferences as deemed necessary to

the improvement of the educational program or agency.

5. To confirm with the Agency in advance the dates of the student’s projected clinical

experience.

6. That the School/Dept will send to Agency only such students as appear to be in

good health at the time of reporting for the experience, such students to be eligible

for health services as provided by the University Medical Center Student Health

Service or students shall be responsible for their own health care.

7. To provide proof of professional liability coverage for students while on clinical

assignment.

**B. AGENCY AGREES:**

1. Insofar as possible to meet and maintain accepted criteria in regard to providing

clinical services.

2. To make the patients available for students to provide care within specified learning objectives.

3. To provide adequate space for student learning.

4. To recognize, that in order for professional liability coverage to be provided for student activities pursuant to this Agreement, it is necessary for University to have

access to normal investigation information for incidents which may give rise to claims. Therefore, Agency agrees to notify University of such event and agrees to

cooperate with the University in the investigation and/or processing of such

incidents and/or claims.

5. That the Agency retain the responsibility for patient care and related duties when

nursing students and/or UAB instructors are providing care to patients in the agency.

1. Agency acknowledges and agrees that the information provided by University, or others on behalf of University, that directly relates to any University student, including, but without limitation, academic information (e.g., coursework, grades, degrees earned, performance in other external rotations); professional information, (e.g., licenses obtained, suspension, revocation); training and/or certifications (e.g, CPR, OSHA/Bloodborne pathogen); health information (e.g., Hepatitis, TB Testing); health and other insurance information and, the results of any criminal background check and/or drug testing/treatment information, hereinafter (“student information”) is protected by the Family Educational Rights and Privacy Act (FERPA).   Agency represents and certifies that it will (1) protect the confidentiality of all student information; and will not, except with the written consent of the student, (2) use student information for any purpose other than to carry out the purposes of this agreement; or (3) disclose student information except to authorized individuals within its organization who have a legitimate need to know student information in order to carry out the purposes of this agreement.

**C. UAB AND AGENCY MUTUALLY AGREE:**

1. That at least one meeting per year be planned to review the progress of the program and to discuss any needed revisions of the contract or details of the arrangements.

2. That there shall be no discrimination on the basis of sex, race, age, color, creed,

national origin or disability in the assignment, acceptance and activities of students

in the program established by this Agreement.

3. That, for the purpose of enabling the UAB Student Health Services to render appropriate and timely treatment for a wound received by puncture wound during

the care of a patient, the following procedure will be followed. If the patient’s record does not reflect a hepatitis-b antigen test, Agency will notify the student and suggest that a hepatitis-b antigen test be run on the patient following consent of the patient at cost to the agency. The results of the test will then be made available to the UAB Student Health Service.

**D. TERM OF AGREEMENT:**

This agreement shall become effective **,** and continue for one year.

This agreement shall be automatically renewed for each year thereafter unless either

party gives 30-day written notice of intent to cancel.

WITNESS our hands and seals this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

Approved by: The Board of Trustees of

The University of Alabama for

The University of Alabama at Birmingham

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Department Authorization Board of Trustees Authorization*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Company Authorization*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 4/12